Learn the science that shows there’s no need for numbing before drilling

**SS White is ready to be with you chairside when you first use its patented cavity prep system**

**By Robert Selleck, Dental Tribune**

A brand-new convention booth isn’t the only big change going on with SS White this year. Even more important is the company’s new, highly interactive website, www.sswhiteburs.com, and its increased focus on providing consultation and training to dental professionals interested in its products.

The changes are attracting lots of attention at CDA Presents, SS White Director of Domestic Sales Jeff Durrbeck said from the exhibit hall Thursday. “The new website was just launched, and it’s worth a visit. It’s far more than the industry’s standard online catalogue concept. You’ll find lots of high-def photos and videos and comprehensive technical guides.” It’s all part of the company’s commitment to not just provide dental professionals with high-value products and services, but to also do everything it can to make practitioners immediately comfortable with and confident about using the products.

**Here at the CDA**

Visit SS White in its new booth (No. 1180) to learn more about its efforts to make less-invasive dentistry as easy as possible. You also can contact the company at (800) 535-2877 or visit it online at www.sswhiteburs.com.

By Robert Selleck, Dental Tribune

The SS White sales and marketing team shows off its new booth (No. 1180), which is making its general dentistry conference debut at CDA Presents. Photo/Robert Selleck, Dental Tribune

The SS White sales and marketing team shows off its new booth (No. 1180), which is making its general dentistry conference debut at CDA Presents. Photo/Robert Selleck, Dental Tribune

“SS White is ready to be with you chairside when you first use its patented cavity prep system”

A prime example is its Comfortable Cavity Preps®, which remove the need for anesthesia when treating most dental caries cases.

“The prevailing mindset is that all patients must be numbed up before any drilling,” Durrbeck said. “It’s important for us to show the science behind this alternative approach and be available to guide dental professionals through first-time use of it and our other products.”

A general dentist or endodontist can request that an SS White representative visit the practice to provide a thorough clinical presentation on the science behind any of its products and also be chairside with the dentist during first-time use to immediately answer question that might come up.

“It’s really exciting to see a dentist use something like the Comfortable Cavity Prep for the first time,” Durrbeck said.

When patients are surprised at how quickly the work is performed, especially when there’s no needle needed at the outset, the dentist quickly sees the value. “The pattern is that every time you do a Comfortable Cavity Prep, you get a referral because the patient is so pleased. That can mean another $40,000 in annual revenue for the practice, and there’s also an 80-hour reduction in chairtime,” Durrbeck said.

Other news from the company includes its shift to now serve the full spectrum of endodontics and restorations. It’s using its 160-plus year history to bring a broadened focus to its product line, focusing on identifying and cleaning all the canals, while also leaving as much healthy tissue as possible to help ensure the success of restorative work on the crown.

“We understand both sides of the equation,” Durrbeck said, “from the top of the crown to the apex.”

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Your Ally.
Handheld X-ray device frees dentists to expand work with underserved patients

By Robert Selleck, Dental Tribune

An unintended benefit seen by dental professionals across the world after they bring the Aribex NOMAD handheld X-ray device into their practices: They experience an increased willingness to go out into the local community and beyond to serve difficult-to-reach patients.

“The phenomenon so far has been documented only anecdotally, but Aribex President and CFO Ken Kaufman said a formal study is in the works to measure the trend.”

Kaufman, speaking from the exhibit hall Thursday at CDA Presents, said dentists are bringing the Aribex NOMAD into their practices for bottom-line reasons, such as being able to remove multiple wall-mount X-ray units and achieving substantial reductions in the amount of time needed to complete X-rays.

But once the NOMAD is fully incorporated into the practice, an unanticipated bonus has been that when opportunities are presented for the dentist to take his or her services out into the community or perhaps even on an overseas humanitarian effort, there is less hesitancy about pursuing such opportunity. That’s because the dentist now has the ability to bring along his or her primary diagnostic tool.

“A big focus in the industry today is ‘access to care,’” Kaufman said. “I can’t think of a device that epitomizes that concept more than the NOMAD.”

Kaufman continues to chip away at regulatory hurdles in a few remaining U.S. states and Canada. In such locations, dental professionals are not able to fully benefit from the NOMAD’s safe and proven technology. Toward that effort, Kaufman is planning to use his formal research on access-to-care benefits to connect with regulators on a new level.

One vast market where lack of regulatory vision is not an issue for the NOMAD is China. Just last week, the company received approval to sell the NOMAD there. Getting the device into the hands of Chinese dental professionals is still many months away, Kaufman said, but he’s excited about the prospects. Currently, all dental X-rays at Chinese practices must be taken in a room dedicated to that sole function. So the NOMAD won’t just be the first handheld X-ray device in China, it will be the first chairside device period.

With China’s massive population and rapidly growing middle and upper classes, Kaufman anticipates a promising future for his company in that market.
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Global handpiece manufacturer expands North American presence

NSK Dental invests in support, service and distribution to serve more practices

For years, NSK handpieces have had a strong base of devoted users in the United States and Canada, attracted to the reliable, user-friendly performance and reputation for quality. A word-of-mouth advertising strategy combined with highly targeted customer relationships has worked well for the organization. But the strategy has also meant that there are many dentists who still aren’t sure about what makes NSK so different in the handpiece market.

That’s about to change.

The dental equipment manufacturer, founded in 1930 in Japan, is raising its U.S. and Canadian profile in a big way, perhaps most tangibly by date to the May 2011 opening of its newly constructed North American headquarters in Illinois. The facility includes a showroom, training facility, expanded warehouse space and a larger parts and service center.

“The company made the decision last year to increase its investment in North America in 2011,” said NSK Dental Marketing Manager Rob Gochoel. “We’ve also added office and technical-service staff — and an internal team of representatives who will be able to work directly with a greater number of dental practices.”

The company is expanding its distributor relationships as well. As a whole, the efforts should enable NSK to provide information about its unique business model to most of the dental practices in North America.

The company’s efforts also include an expanded dental convention presence, which began with the Greater New York Dental Meeting, so practitioners are more easily able to hold an NSK handpiece and experience firsthand what has worked well for the organization. But the strategy has also meant that there are many dentists who still aren’t sure about what makes NSK so different in the handpiece market.

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“This is what has driven its global growth for more than eight decades,” Gochoel said. “Close relationships with its customers are critical to the company, because that’s where we’re coming from. We need to understand what we need to be doing to be successful in the United States. And that means providing products that fit customer demands.”

NSK is able to respond quickly and specifically to localized needs because it maintains complete in-house control of the manufacturing process. An example of how such a philosophy translates into real products is the NSK S-Max Pico, which has the smallest head and neck size of any handpiece on the market.

NSK built it in response to requests from pediatric dentists in order to develop very useable in-house components, including electric micromotors and high-speed ball bearings, are manufactured in-house. No other competitors can make ball bearings and micromotors in-house like we do now. This is one of our biggest strengths and competitive advantages.”

Based out of Japan, but frequently traveling the world, Nakaniishi described his core role at NSK as being able to ensure the global organization has a strong, motivated team in place with a clear understanding of what it takes to delight customers.

“We have the engineering excellence needed to enable dental professionals to make their dream products real,” Nakaniishi said. “We want to listen to the voices of dentists in order to develop very useful and wonderful products.”

Stiehle said responding to specific customer demand isn’t limited to a product’s purpose and function.

“Cost Sensitivity drives the company’s focus on providing one of the largest selections of coupler adapters available — to make it easier for practitioners to test-drive and purchase an NSK handpiece.

“Our intent is to make it as easy as possible to integrate an NSK handpiece into the practice,” Gochoel said. “By being compatible with virtually all competitor coupler systems, we eliminate the need to buy a lot of additional couplers or incur the expense of retrofitting all the operators. It’s just one more example of a smart, customer-centric focus.”

Rounding out the commitment to quality assurance, pricing options and responsiveness, is awareness that the ultimate customer is the patient.

“I am a strong believer in the need to be aware that we are a medical device company and that, with that, comes a huge responsibility not just in terms of quality, but also comfort and safety of the patient,” Stiehle said.

“When I am sitting in the dentist chair, I want to make sure that I am working on with the best product out there. That’s what is most important to us: the safety and comfort of the patient.”

(Source: NSK)
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www.E4D.com
Keystone shows off its new medal-winning mouthguard

By Fred Michmershuizen
Dental Tribune

Ever see them play water polo? Well, let’s just say it can get a little rough. Just ask Brittany Hayes, who won a silver medal at the 2008 Summer Olympics in Beijing as a member of the U.S. women’s water polo team.

“Getting my teeth knocked out was my biggest fear,” Hayes said. With her at the Keystone booth was Rick Merlo, who also won silver in Beijing as part of the men’s water polo team.

Hayes and Merlo, who also won silver in Beijing as part of the men’s water polo team, both extol the virtues of the Pro-form Patriot Mouthguard by Keystone Industries.

Hayes, who has beautiful teeth and a beaming smile, told Dental Tribune that an uncle who is a dentist had impressed on her from an early age the importance of protecting her mouth while playing a sport with so much physical contact. She said she likes the Patriot mouthguard because it is easy to break in, is not extremely thick and, perhaps most importantly, it is easy to breathe through — which is obviously important for any physically demanding sport.

And it’s not just water polo players who have benefited from mouthguards supplied by Keystone. The mouthguards are also popular with players in the National Football League, the National Hockey League and the National Basketball Association as well as with many college football players.

Each mouthguard is custom fit for the wearer. According to Keystone, the important physical characteristics of mouthguard materials are tensile strength, softness and uniform density. The Pro-form laminate maintains these characteristics best because of its laminating process, which combines heat and pressure. Strength is enhanced because of the laminate’s multiple layers.

Features of the mouthguards include an anterior brace for extra protection, custom fitting for great oxygen intake, an easy-to-attach breakaway strap, a custom-made shock absorbing surface, excellent abrasion resistance and more.

Pro-form mouthguards are designed to protect both professional and amateur athletes from orofacial injuries, tooth fracture and concussions.

Recently, some new tie-dye designs have been added to the extensive line of Pro-form laminated mouthguards. They are all made using the same laminating procedure to insure the same Pro-form quality. They are also available in round.
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Dr. Patrick O’Brien, Fayetteville, NC
November 2011 Lab Participant

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“I just took one of your CE Online courses and I wanted to let you know how impressed I am with your site. Because it was free, I expected that some material would be left out, but just the opposite was true! I gained information I was able to use in practice the very next day, and when I posted a question about the technique, I was amazed how quickly you responded. A really first-rate experience. Thank you!”

CE Online participant comment, December 2011

dendobuchanan.com
Did you know the average dental procedure generates airborne aerosols and droplets of saliva, blood and other materials from an open mouth? These droplets may contain potentially harmful germs that can land on almost any surface in the dental operatory. If these surfaces are not cleaned and disinfected properly, they can become a source of contamination for staff and patients.

That's why Sultan Healthcare offers VOLO™ disinfecting/deodorizing/cleaning wipes, the latest tool to help you decontaminate hard, non-porous surfaces in your dental office.

When cleaning and disinfecting blood spills or surfaces that may have come into contact with blood or body fluids, the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard requires the use of an intermediate level, Environmental Protection Agency-registered disinfectant. A disinfectant with a tuberculocidal kill claim is considered an intermediate level disinfectant. These types of products are not typically found in grocery stores; therefore, a significant amount of surface disinfectant products are purchased through dental dealers. VOLO wipes are an EPA-registered intermediate-level disinfectant available only through your dental dealer.

Cleaning and disinfecting the dental operatory is typically a mundane, time-consuming task performed many times a day. The person responsible for this, usually a dental assistant, is under pressure to turn over the operatory quickly in preparation for the next patient. It is important to follow the label instructions for appropriate contact time to ensure proper germ kill. While many products offer a three-to-five-minute contact time, VOLO wipes are tuberculocidal, virucidal and bactericidal in two minutes. The two-minute contact time helps minimize the wait for proper disinfection of the above-mentioned organisms.

The average human hand is approximately seven inches long. While most wipes sold in the dental market are sized smaller, at 6 by 6.75 inches. VOLO wipes, however, are 6 by 8 inches, sized to fit the human hand. The larger design aids in preventing cross contamination by helping to ensure the gloved hand does not contact the disinfected surface.

VOLO wipes are packaged in an easy-to-hold, tapered canister with a feeder tab on the lid. The feeder tab is a distinctive feature to help prevent fingers from getting stuck when initially dispensing the first wipe in the canister.

“We looked to differentiate ourselves from the marketplace by offering unique touches with our VOLO disinfecting wipes that help meet the needs of our customers,” said Tim Lorencovitz, marketing manager at Sultan Healthcare. “The two-minute contact time satisfies the ‘need for speed’ in preparing for the next patient. The larger 6 by 8-inch size is a more practical fit to the average hand. In addition, the larger size can potentially result in customer savings by using only one wipe — versus two of the smaller 6 by 6.75-inch wipes.”

VOLO disinfecting/deodorizing/cleaning wipes are bigger and disinfect faster.
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Offers available during CDA only (May 3 - 5, 2013) and cannot be combined with any other offer. Repairs sent to manufacturer are not included in this offer. Must include original ad to be valid. All offers expire 5/16/13.
Photo essay: BruxZir Solid Zirconia meets an anterior esthetic challenge

By Michael C. DiTolla, DDS, FAGD

This article illustrates advancements by Glidewell Laboratories to improve the esthetic properties of BruxZir® Solid Zirconia restorations. As the lab’s research and development department refines its processes, improving the material’s translucency, the esthetics continue to improve.

First appointment

Our goal is to replace the PFM crowns on teeth #8 and #9 (Fig. 1) with BruxZir Solid Zirconia crowns.

First, we take the shade before the teeth become dehydrated. I use the VITA Easyshade® Compact (Vident, Brea, Calif.), which displays the shade in both VITA Classical and VITA 3D-Master® shades. When used in combination with my KaVo ELECTROtorque handpiece (KaVo Dental, Charlotte, N.C.), it is simple to cut through the existing PFM. I torque the crown with a Christensen Crown Remover (Hu-Friedy, Chicago). After using a periodontal probe to sound to bone to ensure I have enough biologic width to safely remove some tooth, I place an Ultrapan® cord #200 (Ultradent) into the sulcus of teeth #8 and #9. Next, I use an Ultradent syringe to place PFG (Polyform Hard) material (DMG America, Englewood, N.J.) around the preparations for the impression. The temporaries are then replaced.

Anatomic compression caps (Coltène/Whaledent; Cuyahoga Falls, Ohio) are placed on the preps, and the patient is asked to bite with medium pressure for eight to 10 minutes. The Comprecaps are then removed and the top cords pulled. I use an Ultrapan® cord #2E before refining the preparation. As I pack the top #2E cord on tooth #8, you can see how the top cord on tooth #9 exposes the margin (Fig. 3). Now we can begin finishing the preps using a fine grit 856-025 bur (Axis Dental) and KaVo ELECTROtorque handpiece to drop the margins to the new gingival level. My assistant then relines BioTemp® Clear™ (Kerr Corp.; Orange, Calif.) to cement the BioTemp and loupes to inspect around the temps and gingival embrasures for excess cement.

Second appointment

After two weeks, we remove the temps and clean the preps with a KaVo SONICflex scaler. After trimming the gingival margin with the diode laser, I place an Ultrapan® cord #200 (Ultradent) and a Christensen Crown Remover (Hu-Friedy, South Jordan, Utah), cutting the cord intraorally on the lingual to avoid any overlap. To make the margin visually obvious, I place a second cord (Ultrapan cord #2E) before refining the preparation.

Also, the facial anatomy on the crowns is different. While I’m not suggesting you suddenly switch all of your anterior restorations to BruxZir crowns, you may want to consider using it for patients with parafunctional habits or old PFMs, where an esthetic improvement is essentially guaranteed.
Introducing Double Gracey™

By American Eagle Instruments® Inc

Double Gracey™ - Anterior (AEDGAXPX)
Replaces Gracey curettes 1-2, 3-4, 5-6, 7-8 and 9-10 along with Universal curettes.

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“Double Graceys are a real time saver and when you only have 45 minutes per patient it is all about time. They are P-E-R-F-E-C-T!”
- Susan Pennella Burzynski, RDH,MSEd, FAADH

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A completely new sectional matrix system from the one of the biggest names in matrices, Garrison Dental Solutions of Spring Lake, Mich., is designed with transparent and translucent materials. This allows the clinician to apply his or her curing light from any direction.

Composi-Tight 3D Clear is the most recent addition to 15 years of matrix system innovation from Garrison. It is being shown here at the CDA for the first time.

“We sell direct here in the United States, which provides us a huge opportunity to talk directly with our customers,” said Tom Garrison, managing partner and co-founder.

“Having a cure-through option in a sectional matrix is something that they’ve been asking for. We borrowed heavily from our hugely successful Composi-Tight 3D to create the separator ring, created a translucent version of our most popular wedge and then created totally unique cure-through matrix bands.

“It’s a complete system — bands, rings and wedges,” Garrison said. “Designed to produce the tight, anatomical contacts doctors expect from Composi-Tight, yet give them complete control over polymerization.”

Buccal and lingual flash is reduced by soft silicone on the tips of the rings. The silicone adapts to the tooth surface and tightly seals the matrix band.

“The Soft Face technology we pioneered for the original Composi-Tight 3D was easily adapted into the new Clear system,” he said. “Our customers said this was a ‘must-have’ feature of any cure-through system. They also wanted some new things with the bands themselves.

“It wasn’t enough to make them cure-through. They wanted an enhanced marginal ridge to make it easier to recreate this part of the anatomy, and they wanted the bands to be easier to place. The Clear system bands have placement tabs that you can grab to actually ‘floss’ them into position.”

When asked how clinicians could try the system, Garrison said: “As I mentioned, we’re a direct company. Another advantage to that is we can offer something I don’t think anyone else in the industry offers: a six-month, money-back satisfaction guarantee. Ask all dentists, and they’ll tell you they’ve got a drawer full of stuff they bought, tried once and never used again. We don’t want them to feel the same about our products.

“If it ends up not being what they wanted, they can send it back, and we’ll give them their money back. It’s simple, hassle-free, and I think it’s a great way to operate our business. It builds trust.”

Garrison was founded in 1997 by Drs. Edgar and John Garrison, Tom Garrison and Rob Anderson and remains an independent privately owned company.
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Every RDH has a favorite hand instrument. Some prefer a universal-type, enabling access to most surfaces but limited in furcations, proximal surfaces or deeper pocket area. Others steer toward a Gracey-style, allowing greater access to difficult-to-reach surfaces but requiring more instruments to cover all surfaces.

Imagine an ideal hand instrument with the convenience of a universal scaler and the access abilities of a Gracey curette. One instrument allowing for distal, mesial, buccal and lingual treatment, as well as excellent line angle adaptation almost seems like too much to ask, yet American Eagle Instruments® has delivered on this lofty dream.

Double Graceys™ are a line of instruments combining the best features of universal and gracey scalers. Each end of a Double Gracey has a rounded toe and two cutting edges with a shank bend modeled after Gracey curettes. In addition, surface engineering with XP Technology™ makes these instruments sharpen-free. These are truly the most innovative hand instruments I have tried in the last 15 years.

I have been test-driving the Double Graceys since early March, and I admit I am hooked on the ease of use, as well as the XP sharpen-free technology. The instruments come in posterior and anterior as well as standard and mini.

The instruments have colored handles making it even easier to grab the right instrument quickly without needing to look for numbers or blade angle to determine which instrument to use:
- Double Gracey Posterior: gold
- Double Gracey Anterior: purple
- Double Gracey Mini Posterior: red
- Double Gracey Mini Anterior: green

In addition, because you can use the same end for mesial and distal, there is no need to constantly “flip” the handle or change operator position, further improving ergonomics.

I did not experience a learning curve when beginning to use the Double Graceys. As with any other Gracey, keeping the terminal shank parallel to the tooth surface engages the precise blade angle for deposit removal.

The shank is rigid enough to remove even the most stubborn deposits, without being so inflexible to limit access. Tactile sensitivity is excellent even in the most difficult distal fluting areas.

During my first day of trying the Double Graceys, I felt deposits in prominent concavities that would usually require an extra step with the explorer to detect.

I find myself using the anterior mini version during routine prophylactic appointments for the direct lingual of the lower anteriors as well as the lingual and facial line angles of all anterior teeth. The instrument adapts easily and the blade fits well into the tight spaces without causing tissue trauma and without changing my operator position.

While I usually prefer a metal handle for hand instruments, the EagleLite™ resin handle with the double blade design is great at reducing hand fatigue. Even after a long appointment of non-surgical treatment, my fingers and wrist are not sore or tired. Not a subtle difference, but rather a big improvement I noticed after the first use.

You no longer have to imagine your ideal hygiene instrument. The concept of a sharpen-free instrument combining the best features of a universal scaler and a Gracey curette is here — no more flipping instruments, searching for the right blade edge or hand fatigue at the end of the clinical day. You will no longer waste time sharpening instruments with the possibility of damaging the blade integrity and shortening the life of the instrument.

The four amazing Double Graceys from American Eagle answer the call of the ideal scaling and root planing hand-instrument system.
The SolmeteX Hg5 Amalgam Separator was designed based on extensive market research on how a dental facility and vacuum system operate. The simplicity of design and operation has made the Hg5 the number one selling amalgam separator in the United States and the winner of every Townie Choice Award since its inception. A passive system, seamless operation and simplicity are the core criteria in the development of the Hg5.

Installed on the central suction line just prior to the vacuum pump, the Hg5 can be mounted on the wall or free standing on the floor. The flexible design allows the system to be mounted with either a left or right orientation depending on the needs of the facility, and can be used on either wet or dry vacuum systems. Once the system is in place no additional components will be needed.

The collection container will need to be replaced when the solid level reaches the full line or after 12 months (whichever comes first). Replacements for collection containers include container, plastic bag, recycle packaging, shipping and disposal.

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Attention Dentist, stop by booth #850 during the CDA to receive a Blue Push-Button Flashlight. Ask how it can be used to assist you when viewing the level of sedimentation and changing the Hg5 Collection Container and sign up for our Newsletter. (While supplies last)

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1-800-216-5605  www.solmetex.com  Trademarks are the property of their respective owners. All services and products of Layne Christensen Company are subject to change.
Giomer materials: essential ingredients for a healthy smile

In recent years, a new type of restorative known as giomer has been receiving attention in clinical papers and on the lecture circuit. Although widely accepted in Japan during the past 15 years, it has only recently caught on in the United States. Among the newest and most innovative filler material on the market, giomers are also the most misunderstood.

So what are giomers?
Although frequently used to describe the new category of restoratives, the term giomer is less of a category and more an ingredient. Succinctly, a giomer refers to any product that contains surface pre-reacted glass (S-PRG).

These special fillers are nano-sized, multi-functional glass particles that undergo an acid/base reaction, receiving a surface-modified layer to help block moisture prior to incorporation into the resin.

This process differs greatly from GI or composites, which only achieve an acid/base reaction after placement, following a light cure and after they absorb water. Following water sorption, fillers in GIs and composites swell over time, causing a rapid breakdown in both strength and esthetics.

Through pre-reaction and the addition of a surface-modified layer, giomers offer stable fluoride rechargeability similar to GIs but with vast improvements to handling, strength, durability and esthetics.

Sustained remineralization from S-PRG Fillers
Shofu’s S-PRG filler particles are not only pre-charged with fluoride during manufacturing, they also recharge when fluoride concentrations in the mouth are high. Simply put, household dental hygiene products, such as fluoridated toothpaste, allow giomers to provide sustained remineralization benefits to adjacent tooth structure during the life of the restoration.

In addition to fluoride, S-PRG filler also releases five other ions—sodium, strontium, aluminum, silicate, and borate—all with known bioactive properties. When exposed to concentrations of lactic acid, these ions contribute to an acid neutralization effect that demonstrates the healing benefits of Giomers.

Clinical success of BEAUTIFIL, a giomer composite material
Independent evaluation of a giomer bonding agent and composite material (FL-Bond and Beautifil), conducted by the University of Florida and later published in JADA, translates this benefit to clinical relevance. At eight years, none of the restorations failed, no sensitivity was reported, anatomical form was well maintained and no secondary caries were present in any of the patients. A 13-year recall of this group is under way.

Application of giomers
Dental applications for giomer products are limited only by the imagination. In addition to Shofu’s existing composites, BEAUTIFIL, and the injectable restorative BEAUTIFIL Flow Plus, indicated for all classes, Shofu is constantly looking to expand the applications for giomers. Currently launching at the CDA is Beautifil Sealant, the first giomer pit and fissure sealant. In addition to the unique giomer healing properties, this material contains a self-etching primer that eliminates harsh phosphoric acid steps completely, saving both time and unnecessary enamel erosion.

Here at the CDA
For more information, or product demonstrations, visit Shofu at booth No. 1128. You can also contact Shofu at (800) 827-4638 or by visiting www.shofu.com.

Your Choice, Your Laser’ this week at CDA
AMD LASERS, a global leader in dental lasers and dental laser education, has announced the availability of its “Your Choice, Your Laser” promotion at CDA in booth No. 1506. The promotion enables new laser purchasers to choose three different added-value items at no charge. The items are designed to streamline the implementation of a diode soft-tissue laser and provide extreme value to new laser owners.

With the purchase of Picasso laser technology at the CDA, clinicians are able to choose up to two items from the wide variety of award-winning educational solutions offered by AMD LASERS to enhance laser-learning experience. These options include a “Masters of Laser Dentistry Live” C.E. course, full-practice certification, “Diode Laser Soft-Tissue Surgery for Laser Dentist” volumes 1–3” written by long-time dental laser educator Dr. Philip Hudson, the world’s first dental laser iPad app or even the option to get free shipping on the laser purchase.

“More and more clinicians are migrating away from the traditional method of soft-tissue surgery and getting into laser technology. These new laser dentists need to be given different options on how to implement Picasso laser technology into their practice that works for them, and we are here to give it to them,” said Alan Miller, president and founder of AMD LASERS.

“We offer a customized laser-learning experience so that each practice that implements Picasso laser technology feels comfortable and confident providing this state-of-the-art treatment to its patients.”

This promotional program is just another way AMD LASERS provides added value to a clinician’s practice. To learn more, stop by AMD LASERS booth No. 1506 at the CDA.
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Oral cancer detection: your chance to save a life

By Lorne Lavine, DMD

When you decided to be a dentist, you probably never expected to be in a position to save lives. But the fact of the matter is that all dental professionals today are being counted on to be the first line of defense against oral cancer and other oral diseases.

While medical science and healthier lifestyles have succeeded in reducing the number of deaths from most types of cancer, the number of people dying from oral cancer is at an all-time high.

How can this be, given the significant reduction in the number of smokers and tobacco users during the past several decades? The primary explanation is the alarming growth in the number of cases of oral cancer caused by the sexually-transmitted human papilloma virus, or HPV.

In fact, the day will soon be here — if it is not already — when HPV surpasses tobacco as the No. 1 cause of oral cancer.

Compounding the situation is the fact that more often than not, oral cancer is detected in late stages, when the five-year survival rate is less than 50 percent. When discovered in early stages, however, the survival rate leaps to approximately 82 percent. Earlier detection is clearly the key to reduced mortality and morbidity rates. As the key to earlier detection is the dental practice.

After all, who spends more time looking inside the oral cavity — and who knows more about the oral cavity — than you? Most experts advise that all patients aged 18 and older receive a comprehensive oral cancer screening at least once a year. Some would go so far as to have the screenings start at age 14. At a minimum, the screening should include the conventional exam featuring palpation of the face and neck and visual inspection under white light. This should ideally be a part of every hygiene check-up, yet surveys show that most patients say they have never experienced this kind of exam.

In addition, there are several adjunctive tools that now make it possible to detect cancers and pre-cancerous lesions that cannot be seen by the naked eye and are not causing any pain or discomfort to the patient. The most popular detection technology in use today is tissue fluorescence visualization.

Over the years, this technology has been supported by more than $50 million in clinical research funded by the National Institutes of Health and other respected institutions. Its use in the oral cavity was pioneered by a collaboration between the world-renowned BC Cancer Agency and BC-based LED Dental.

A recent 620-patient study by Dr. Edmund Truelove of the University of British Columbia and BC-based LED Dental, for instance, demonstrated that the VELscope imaging system detected all 28 lesions that were missed by the naked eye. More than 10,000 VELscope devices are in use worldwide, and the latest generation of this technology — the VELscope Vx — features a lightweight, cordless design and a price tag that is roughly half the price of prior generations.

Exams involving adjunctive devices can add as little as two minutes to the hygiene check-up. The devices are usually quite easy to incorporate into the practice and can be administered by hygienists as well as dentists. Fluorescence visualization devices are completely noninvasive and involve no distasteful rinses or messy dyes. The cost to the patient is generally quite reasonable, yet surveys show that many dentists appear to be uncertain of the threat posed by oral cancer grows, offering exams involving adjunctive devices can be a powerful way to set your practice apart and attract new patients.

Despite these benefits, there appear to be four main reasons why most dentists have still not adopted an adjunctive screening device:

1) No perceived need. Many dentists simply feel they don’t need any help in detecting early stage lesions. If they are correct, then why is oral cancer normally detected in late stages?

2) Insufficient clinical evidence. Many defend their failure to use an adjunctive device by saying they want to wait until enough clinical evidence has accumulated documenting the devices efficacy. While you can never have enough clinical evidence, studies such as the University of Washington study cited earlier seem to suggest that these devices can in fact help see what the naked eye cannot.

3) False positives. Some non-users will tell you that adjunctive devices result in too many “false positives.” However, I rarely hear adjunctive device users make this complaint. Moreover, one must remember that just because a lesion turns out to be non-cancerous does not mean a false positive has occurred. These exams are also intended to turn up a variety of diseases beyond oral cancer, such as bacterial, viral and fungal infections.

4) The “C” word. Some dentists will admit that they simply do not want to have to give a patient the bad news of a cancer diagnosis. This argument ignores the fact that the diagnosis — which can only be made based on a surgical biopsy — is almost always communicated to the patient by an oral surgeon, a general physician or a pathologist.

We have every reason to believe that an increased focus on early detection will lead to a meaningful reduction in the mortality and morbidity of oral cancer. Early detection is a key reason virtually every other kind of cancer is now experiencing reduced mortality rates. In fact, the advent and widespread use of the Pap smear is generally credited with reducing the mortality rate of cervical cancer by roughly 50 percent. There is no reason to believe that enhanced early detection cannot have the same impact on oral cancer.

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Treating teeth and gums has always been, and will always be, a noble and important calling. But the dental practice of today and tomorrow is being looked upon to do more, specifically, to be the guardian of its patients’ oral and systemic health. In my view, there has never been a more exciting time to be a dental professional. After all, if it feels good to save a tooth, imagine how it must feel to save a life!
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Selecting an amalgam separator: what to look for

By Ross Fraker, DDS, PhD, President, R&D Services Amalgam Separators

The impending dental rule soon to be released by the U.S. Environmental Protection Agency (EPA) will require that all dentists removing or placing amalgam restorations install an amalgam separator. The separator is to remove amalgam from the wastewater being released through the suction system. Currently, there are several choices of amalgam separator brands for dentists to choose from, but it is a "buyer beware" market, not only when considering the initial costs but also for the ongoing or repetitive costs. Try to be informed about the maintenance requirements in terms of parts or actions before you purchase.

First decision
The first decision to make is the location of your separator. Placing the amalgam separator in the equipment room with the suction generator is the logical choice in most cases. Almost all separator companies have models for central locations. However, if the practice has only one or two restorative chairs and that number or more hygiene chairs, or if the practice is a part of a condominium office group, then an operatory installation may be the best and least expensive choice. Two separator companies make units for placement beside the chair or in the operatory cabinet.

Second decision
The second decision is regard to what size or model to buy. The most important factor in determining which size separator to buy from any company is the amount of dental wastewater generated that ends up in the suction lines and the rate at which it is generated. Most separators have a flow rate, the rate at which the wastewater is treated. At least one company has a capacity consideration instead. With very few exceptions, all dentists and hygienists must be considered if all are on the same trunk line to the vacuum.

Third decision
The third decision regard the cost of the separator apparatus. Initial costs are only one consideration. For most separators the real expense is the recurring costs of periodically replacing filter cartridges, canisters or entire units, in some cases. This replacement necessity occurs either on a required schedule, when the apparatus appears full of sludge or when your suction power begins to be adversely affected. This replacement need can happen as often as monthly for larger offices or for smaller separators but is usually necessary either biannually or annually. The replacement need can be unpredictable and cause an extreme loss of suction power. A company might require a signed contract for purchasing their separators and the required replacements and other applied costs. On the opposite side of the scale, another U.S. company’s separators require no ongoing expenses for replacement parts of any kind.

The requirement for installation of an ISO certified amalgam separator is not new for several areas of the United States. Dentists in Seattle, for example, had a mandate for installation by 2003. There are at least 12 states, in addition to cities or water districts in other states, where dentists placing or removing amalgam have already been required to install and properly maintain their separators. Research data for at least two cities has shown a large decline in mercury arriving in the sludge at their wastewater treatment facilities. Remember, you have alternatives when considering how to meet the expected EPA requirements. Choose wisely!